Office of Administration

Commissioner's Office Contract Period July 1, 2015 – June 30, 2016 "Request for Preauthorization for Other Services"

Program: Alternatives to Abortion Contractor: __Alliance for Life - Missouri, Inc._____ Subcontractor:_Bethany Christian Services of Missouri_____ Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before

Client Name Date Enrolled Transferred to Bethany caseload in March 2017, signed up with Lutheran in October 2016

purchased/provided to be reimbursed.

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
April 1, 2017	April Car Payment	\$247.79 (see attached for sample)	Client has requested the payment of her April car note. She was working full time supporting herself and her children but has recently been put on bedrest meaning little to no income until baby arrives and she is able to go back to work.
Amt to be reimbursed		\$247.79	

lliance for Life Program,	danager.	rrie Hoelsch	2	22/17	
pproved for purchase: \angle	mly Kr	apt	Date <u>3</u> /_	23/11	
urchase denied:			Date		
Reason for denying purch	ase:				



- Initial Client Risk may be a client's matter manager mass twenty-four. (24) hours of the client's credentaled case manager mass program. The subcontractor's credentaled case manager mass assessment, including a screening for domestic abuse, in order to document the assessment, including a screening for domestic abuse, in order to document the assessment, including a screening for domestic abuse.
- Post-Partum Depression Screenings Six (6) to eight (8) weeks post-partum, the subcontractor must have one of the subcontractor's credentialed case managers conduct an assessment for post-partum depression using the Edinburgh Postnaial Depression Screening Scale (EPDS). (Attachment 4)

anaibility must be determined upon entry into the program and

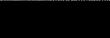
WESTLAKE FINANCIAL SERVICES PO Box 76809 Los Angeles, CA 90076-0809



Westlake Financial Services



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